

Agenda Item Form

Agenda Date: _____

Districts Affected: 3

Dept. Head/Contact Information: Engineering Department Traffic Division, Ted Marquez, 541-4035

Type of Agenda Item:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input checked="" type="checkbox"/> Other _____ | | |

Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: _____ Months)
- ☐ Other Source: _____

Legal:

- ☐ Legal Review Required Attorney Assigned (please scroll down): None ☐ Approved ☐ Denied

Timeline Priority: ☐ High ☒ Medium ☐ Low # of days: _____

Why is this item necessary:

The guardrail is needed to prevent damage to the property at 7273 Barker Road. There has been reoccurring vehicle accidents damaging property at this location.

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Cost of the on the installation of guard rail is \$ 657.02

Statutory or Citizen Concerns:

N/A/

Departmental Concerns:

N/A

ENGINEERING DEPARTMENT

Memorandum

TO: Mayor Joe Wardy,
And City Representatives

FROM: Ted Marquez, P.E. *C.M.*
Traffic Engineering Division Manager

THRU: Irene Ramirez, P.E. *IR*
Interim City Engineer

DATE: May 11, 2004

SUBJECT: City Council Agenda

COUNCIL AGENDA DATE: May 18, 2004

AGENDA ITEM NO: _____

(page # _____ **)**

The following item has been reviewed, and we recommend approval.

MOTION: **DISTRICT # 6- Representative Paul J. Escobar**

Request installation of guardrail post at 7273 Barker Road. Cost of \$657.02.

EXPLANATION:

The guardrail is needed to prevent damage to the property at 7273 Barker Road.
There has been reoccurring vehicle accidents damaging property at this location.

If you have any questions on this item please call Ted Marquez at 541-4035.

Cc: Laura Uribarri, Executive Assistant
Adrian Ocequeda, Executive Assistant
Jim Martinez, Interim C.A.O.
Liz Elizondo, City Attorney
Raymond L. Telles, Assistant City Attorney
Edward Drusina, Deputy C.A.O. of Municipal Services
Patricia Aduato, Deputy C.A.O. Building and Planning Services
Daryl Cole, Street Dept. Deputy Director
Engineering Div. Chiefs



ENGINEERING DEPARTMENT

memorandum

RECEIVED

MAR 06 2004

STREET DEPT

TO: Daryl Cole
Deputy Director for Streets

THRU: Irene D. Ramirez, P.E. *IR*
Interim City Engineer

FROM: Ted Marquez, P.E., *TM*
Traffic Engineering Division Manager

DATE: March 5, 2004

SUBJECT: **Guardrail Installation Cost**

This department has conducted an on-site investigation for a **guardrail** request. We would appreciate your assistance to provide a cost estimate for a proposed guardrail installation at **7273 Barker Road.**

Please provide us with a cost estimate so that we may include it with the Council Motion request.

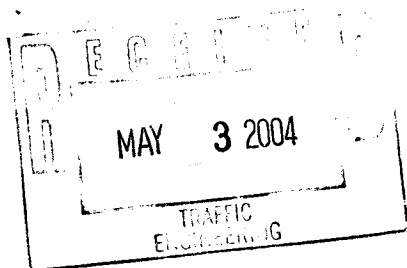
Attached is a copy of a drawing indicating the proposed guardrail location.

Should you have any questions regarding this matter, please contact this office at 541-4035.

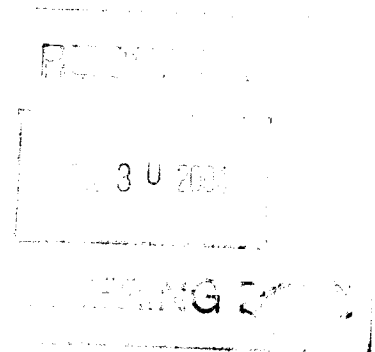
NC/nc

FIR04-1374

C: Engineering Department, Traffic Division, Location File



CITY OF EL PASO
STREET DEPARTMENT



TO: Ted Marquez, Chief Traffic Engineer

FROM: Daryl W. Cole
Streets Director *Daryl W. Cole*
4-30-04

SUBJECT: Guardrail installation Cost Estimate for 7273 Barker Road

DATE: April 30, 2004

Enclosed is the cost estimate that you requested for the guardrail installation at 7273 Barker Road.

Please contact me at 621-6750 if you have any questions.

DWC/en
Enclosure: Cost Report

Cost Summary

Work Order: 15049 - 7273 Barker

Printed: 4/16/2004 10:29:32 AM

Overall Cost Summary

	Actual	Estimated (single)
Labor	\$0.00	\$285.76
Material	\$0.00	\$214.42
Equipment	\$0.00	\$156.84
Total	\$0.00	\$657.02

Traffic Division Job Request

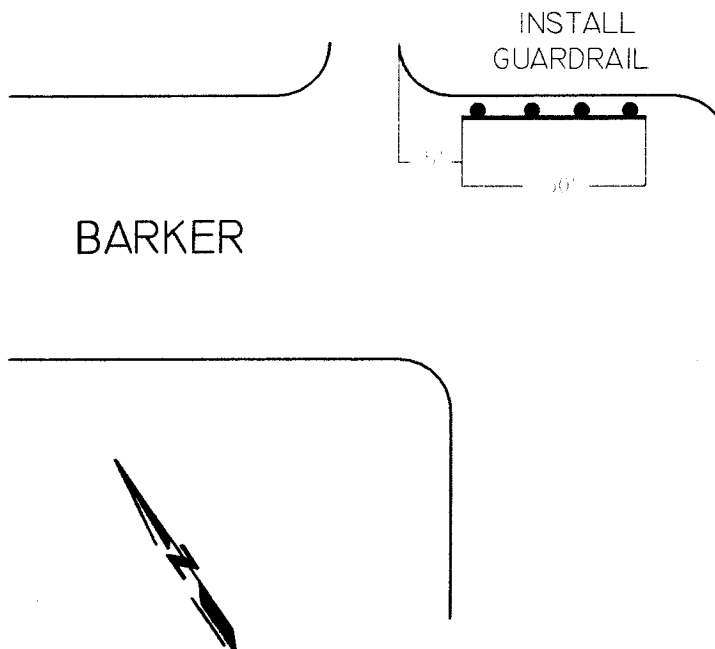
Location: 7273 BARKER

Assigned To:

Sign Shop XX Meter Shop Signal Shop

Instructions: INSTALL GUARDRAIL AS SHOWN.

7273 BARKER



Reviewed By: _____

Approved by:

Completed: _____
(Date & Signature)

PLACE WHERE
ACCIDENT OCCURRED

COUNTY

CITY OR TOWN

IF ACCIDENT WAS OUTSIDE CITY LIMITS,
INDICATE DISTANCE FROM NEAREST TOWN _____ MILES

NORTH S E W OF _____

CITY OR TOWN

LOC. NO. 04-041245

DO NOT WRITE
IN THIS SPACE

DPS NO.

LOC. _____

CODE _____

SEVERITY _____

FAT. REC. _____

DR. REC. _____

ROAD ON WHICH
ACCIDENT OCCURREDINTERSECTING STREET
OR RR X'ING NUMBER

NOT AT INTERSECTION

BLOCK NUMBER

STREET OR ROAD NAME

ROUTE NUMBER OR STREET CODE

BLOCK NUMBER

STREET OR ROAD NAME

ROUTE NUMBER OR STREET CODE

☒ FT. ☐ ☐ ☐ ☐ OF
☐ MI. N S E WSHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY.
IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.CONSTR. ☐ YES SPEED
ZONE ☒ NO LIMIT 30CONSTR. ☐ YES SPEED
ZONE ☐ NO LIMITDATE OF
ACCIDENTDAY OF
WEEK

HOUR

☐ A.M. IF EXACTLY NOON
☒ P.M. OR MIDNIGHT, SO STATEUNIT
NO. 1 - MOTOR VEHICLE

VEH IDENT NO

IF BODY STYLE = VAN OR BUS,
INDICATE SEATING CAPACITYYEAR COLOR
MODEL & MAKEMODEL
NAMEBODY
STYLELICENSE
PLATEDRIVER'S
NAME

PHONE YEAR STATE NUMBER

DRIVER'S
LICENSE

LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP)

STATE NUMBER CLASS/TYPE

DOB

MO DAY YEAR

RACE

SEX

OCCUPATION

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)

1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED

ALCOHOL/DRUG ANALYSIS RESULT

PEACE OFFICER, EMS DRIVER,
FIRE FIGHTER ON EMERGENCY?☐ YES ☐ NOLESSEE ☐
OWNER ☐

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)

ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY ☐ YESINSURANCE ☐ NO

INSURANCE COMPANY NAME

POLICY NUMBER

VEHICLE DAMAGE RATING

UNIT MOTOR VEHICLE ☐ TRAIN ☐ PEDALCYCLIST ☐NO. 2 TOWED ☐ PEDESTRIAN ☐ OTHER ☐

VEH IDENT NO

IF BODY STYLE = VAN OR BUS,
INDICATE SEATING CAPACITYYEAR COLOR
MODEL & MAKEMODEL
NAMEBODY
STYLELICENSE
PLATEDRIVER'S
NAME

PHONE YEAR STATE NUMBER

DRIVER'S
LICENSE

LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP)

STATE NUMBER CLASS/TYPE

DOB

MO DAY YEAR

RACE

SEX

OCCUPATION

SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)

1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED

ALCOHOL/DRUG ANALYSIS RESULT

PEACE OFFICER, EMS DRIVER,
FIRE FIGHTER ON EMERGENCY?☐ YES ☐ NOLESSEE ☐
OWNER ☐

NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)

ADDRESS (STREET, CITY, STATE, ZIP)

LIABILITY ☐ YESINSURANCE ☐ NO

INSURANCE COMPANY NAME

POLICY NUMBER

VEHICLE DAMAGE RATING

DAMAGE TO PROPERTY OTHER THAN VEHICLES

3ft x 10ft Bark wall

NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER

EL PASO, TX 79915 (915) 778-6913

7730 Wenda

FEET FROM CURB

DAMAGE ESTIMATE

LIGHT
CONDITION

WEATHER

SURFACE
CONDITIONTYPE ROAD
SURFACE

DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)

1-DAYLIGHT
2-DAWN
3-DARK-NOT LIGHTED
4-DARK-LIGHTED
5-DUSK1-CLEAR/CLOUDY
2-RAINING
3-SNOWING
4-FOG
5-BLOWING DUST
6-SMOKE
7-SLEETING
8-HIGH WINDS
9-OTHER1-DRY
2-WET
3-MUDDY
4-SNOWY/ICY
5-OTHER1-BLACKTOP
2-CONCRETE
3-GRAVEL
4-SHELL
5-DIRT
6-OTHER

Good

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☒ NO

CHARGES FILED

NAME CHARGE

CITATION
NUMBER

NAME CHARGE

CITATION
NUMBERTIME NOTIFIED
OF ACCIDENT

DATE

5:09 PM

HOW Dispatched

TIME ARRIVED AT

SCENE OF ACCIDENT

DATE

5:17 PM

TYPED OR PRINTED NAME OF INVESTIGATOR

DATE REPORT MADE

IS REPORT COMPLETE ☐ YES ☒ NO

SIGNATURE OF INVESTIGATOR

ID NO.

DEPARTMENT

DIST./AREA

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y-D.K. TO SOLICIT N-NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	1 YES <input checked="" type="checkbox"/> NO	Fled the scene

OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1 DRIVER	SEE FRONT									
2										
3										
4										
5										

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OCCUPANT'S POSITION	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6 DRIVER	SEE FRONT									
7										
8										
9										
10										

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER

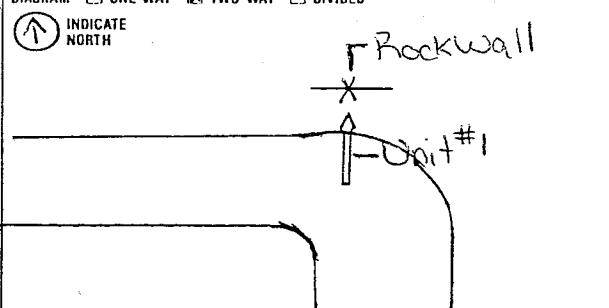
COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

7200 block of Barker is a two-way, (East-West) two-lane residential roadway. Unit #1 was traveling west bound at the 7200 block of Barker and fail to control speed and struck a rock wall at 7273 Barker. Unit #1 fled the scene. No witnesses.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING	OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	TRAFFIC CONTROL
UNIT 1 1 22 2 3	UNIT 1 1 2	0-NO CONTROL OR INOPERATIVE 1-OFFICER OR FLAGMAN 2-STOP AND GO SIGNAL 3-STOP SIGN 4-FLASHING RED LIGHT
UNIT 2 1 2 3	UNIT 2 1 2	5-TURN MARKS 6-WARNING SIGN 7-RR GATES OR SIGNALS 8-YIELD SIGN 9-CENTER STRIPE OR DIVIDER
		10-NO PASSING ZONE 11-OTHER CONTROL

- | | | | |
|---|--|--|---|
| 1. ANIMAL ON ROAD - DOMESTIC
2. ANIMAL ON ROAD - WILD
3. BACKED WITHOUT SAFETY
4. CHANGED LANE WHEN UNSAFE
5. DEFECTIVE OR NO HEADLAMPS
6. DEFECTIVE OR NO STOP LAMPS
7. DEFECTIVE OR NO TAIL LAMPS
8. DEFECTIVE OR NO TURN SIGNAL LAMPS
9. DEFECTIVE OR NO TRAILER BRAKES
10. DEFECTIVE OR NO VEHICLE BRAKES
11. DEFECTIVE STEERING MECHANISM
12. DEFECTIVE OR SLICK TIRES
13. DEFECTIVE TRAILER HITCH
14. DISABLED IN TRAFFIC LANE
15. DISREGARD STOP AND GO SIGNAL
16. DISREGARD STOP SIGN OR LIGHT
17. DISREGARD TURN MARKS AT INTERSECTION
18. DISREGARD WARNING SIGN AT CONSTRUCTION | 19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO HEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
33. FAILED TO YIELD ROW - OPEN INTERSECTION
34. FAILED TO YIELD ROW - PRIVATE DRIVE
35. FAILED TO YIELD ROW - STOP SIGN
36. FAILED TO YIELD ROW - TO PEDESTRIAN | 37. FAILED TO YIELD ROW - TURNING LEFT
38. FAILED TO YIELD ROW - TURN ON RED
39. FAILED TO YIELD ROW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRIVING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE ON LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE | 56. PARKED WITHOUT LIGHTS
57. PASSED IN NO PASSING ZONE
58. PASSED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER ON LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUG
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. OTHER FACTOR (WRITE IN ON LINE BELOW) |
|---|--|--|---|

PLACE WHERE ACCIDENT OCCURRED COUNTY <u>EL PASO</u> CITY OR TOWN <u>EL PASO</u> IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN		LOC. NO. <u>00-170265</u>
ROAD ON WHICH ACCIDENT OCCURRED <u>7273 BARKER</u> INTERSECTING STREET OR RR X'ING NUMBER <u>50</u> NOT AT INTERSECTION <u>SO</u> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. N S E W <u>100 MAJOR</u> SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		DO NOT WRITE IN THIS SPACE LOC. _____ CODE _____ SEVERITY _____ FAT. REC. _____ DR. REC. _____
DATE OF ACCIDENT <u>JUNE 18</u> 2000 DAY OF WEEK <u>SUNDAY</u> HOUR <u>2235</u> <input type="checkbox"/> A.M. IF EXACTLY NOON <input checked="" type="checkbox"/> P.M. OR MIDNIGHT, SO STATE		DPS NO. _____

UNIT NO. 1 - MOTOR VEHICLE	VEH IDENT NO <u>1FALP4047TF227034</u>	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR MODEL <u>1996</u> COLOR & MAKE <u>GRN FORD</u>	MODEL NAME <u>MUSTANG</u> BODY STYLE <u>2D</u>	LICENSE PLATE <u>2000 TX WSG 29P</u>
DRIVER'S NAME <u>QUINONEZ</u> <u>DIONICIO</u> <u>223 ASCARATE EL PASO, TX 79905</u>	PHONE NUMBER <u>778-3814</u>	
DRIVER'S LICENSE <u>TX</u> <u>01540097</u> <u>C</u> DOB <u>04 20 75</u> RACE <u>H</u> SEX <u>M</u> OCCUPATION <u>SALESMAN</u>		
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input checked="" type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LESSSEE <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> -SAME AS ABOVE- NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____		
LIABILITY <input type="checkbox"/> YES INSURANCE <input checked="" type="checkbox"/> NO _____ INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING <u>FD 1</u>		

UNIT MOTOR VEHICLE <input type="checkbox"/> TRAIN <input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/> NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>	VEH IDENT NO _____	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR MODEL _____ COLOR & MAKE _____	MODEL NAME _____ BODY STYLE _____	LICENSE PLATE _____
DRIVER'S NAME _____	PHONE NUMBER _____	
DRIVER'S LICENSE _____	DOB _____ RACE _____ SEX _____ OCCUPATION _____	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____ PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LESSSEE <input type="checkbox"/> OWNER <input type="checkbox"/> _____ NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____		
LIABILITY <input type="checkbox"/> YES INSURANCE <input type="checkbox"/> NO _____ INSURANCE COMPANY NAME _____ POLICY NUMBER _____ VEHICLE DAMAGE RATING _____		

DAMAGE TO PROPERTY OTHER THAN VEHICLES METAL CHAIN LINK FENCE <u>7273 BARKER EL PASO TX 79905</u> <u>2 FT</u> <u>UNK</u> OBJECT _____ NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER _____ FEET FROM CURB _____ DAMAGE ESTIMATE _____			
LIGHT CONDITION <u>3</u>	WEATHER <u>1</u>	SURFACE CONDITION <u>2</u>	TYPE ROAD SURFACE <u>1</u>
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER
DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>-NORMAL-</u>			

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED NAME <u>QUINONEZ, DIONICIO</u> CHARGE <u>F.T.M.F.R.</u> CITATION NUMBER <u>16-047-137</u>	
NAME _____ CHARGE _____ CITATION NUMBER _____	
TIME NOTIFIED OF ACCIDENT <u>06-18-2000</u> <u>2240</u> P M HOW <u>DISPATCHED</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>06-18-00</u> <u>2247</u> P M
TYPED OR PRINTED NAME OF INVESTIGATOR <u>SCOTT MCFARLAND</u> DATE REPORT MADE <u>06-18-00</u> IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF INVESTIGATOR <u>Still</u> ID NO. <u>1957</u> DEPARTMENT <u>EL PASO PD</u> DIST./AREA <u>82/MURCC</u>	

— COPY —

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY Y - OK TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	X - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING <u>FD1</u>	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BY <u>OWNER</u>

Item No	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT		223 ASCARATE EL PASO TX 79905	N	N	A	N	4	25	M	N
2												
3												
4												
5												

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY

Item No	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC., HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT										
7												
8												
9												
10												

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
<u>N/A</u>									

DISPOSITION OF KILLED AND INJURED

ITEM NUMBERS	TAKEN TO	BY	IF AMBULANCE USED, SHOW
1	REFUSED EMS AT SCENE		TIME NOTIFIED TIME ARRIVED AT SCENE NO. ATTENDANTS INC. DRIVER

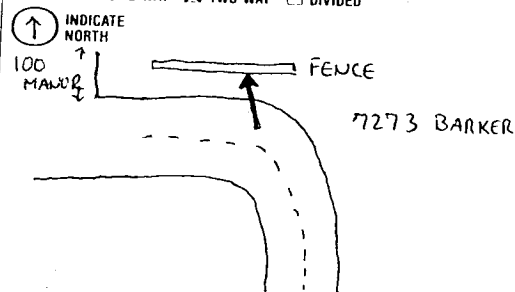
COMPLETE THIS SECTION IF PERSON KILLED

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

7273 BARKER, 2 LANE RESIDENTIAL ROADWAY. UNIT 1 TRAVELING NORTH ON BARKER. FAILED TO CONTROL SPEED, STRUCK CHAIN LINK FENCE CAUSING THE ACCIDENT. NO WITNESSES AT SCENE. NO INJURIES REPORTED AT THE SCENE. ITEM 1 ADVISED THAT HE WAS BEING FOLLOWED BY A SECOND VEHICLE AFTER AN ASSAULT.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1	20	2	3
UNIT 2	1	2	3	

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1	2

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT

TRAFFIC CONTROL

5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER

10-NO PASSING ZONE
11-OTHER CONTROL

0

- ANIMAL ON ROAD - DOMESTIC
- ANIMAL ON ROAD - WILD
- BACKED WITHOUT SAFETY
- CHANGED LANE WHEN UNSAFE
- DEFECTIVE OR NO HEADLAMPS
- DEFECTIVE OR NO STOP LAMPS
- DEFECTIVE OR NO TAIL LAMPS
- DEFECTIVE OR NO TURN SIGNAL LAMPS
- DEFECTIVE OR NO TRAILER BRAKES
- DEFECTIVE OR NO VEHICLE BRAKES
- DEFECTIVE STEERING MECHANISM
- DEFECTIVE OR SLICK TIRES
- DEFECTIVE TRAILER HITCH
- DISABLED IN TRAFFIC LANE
- DISREGARD STOP AND GO SIGNAL
- DISREGARD STOP SIGN OR LIGHT
- DISREGARD TURN MARKS AT INTERSECTION
- DISREGARD WARNING SIGN AT CONSTRUCTION

19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO HEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
33. FAILED TO YIELD ROW - OPEN INTERSECTION
34. FAILED TO YIELD ROW - PRIVATE DRIVE
35. FAILED TO YIELD ROW - STOP SIGN
36. FAILED TO YIELD ROW - TO PEDESTRIAN

37. FAILED TO YIELD ROW - TURNING LEFT
38. FAILED TO YIELD ROW - TURN ON RED
39. FAILED TO YIELD ROW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRINKING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE OR LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE

56. PARKED WITHOUT LIGHTS
57. PASSED IN NO PASSING ZONE
58. PASSED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER ON LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUG
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. OTHER FACTOR (WRITE IN ON LINE BELOW)